

Mandatory Reference: 515  
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**UNITED STATES  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
APPLICATION FOR TRANSIT BENEFIT**

<div style="display: flex; justify-content: space-between;"><div style="text-align: left;">_____ <b>DIRECT HIRE</b> _____ <b>CHANGE OF ADDRESS</b></div><div style="text-align: right;">_____ <b>PERSONAL SERVICES</b> _____ <b>CONTRACTOR</b></div></div>		
<b>PLEASE COMPLETE FORM AND PRINT LEGIBLY</b>		
1. Last Name:	2. First Name:	3. Last four digits SSN:
4. Home Address (Number/Street):		
5. City:	6. State:	7. Zip Code:
8. Bureau:	9. Room Number:	10. Telephone (Wk):
11. Commuting method to/and from work: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">_____ METRO RAIL _____ BUS _____ MARC TRAIN</div><div style="width: 45%;">_____ VRE TRAIN _____ TRANSIT AUTHORITY VANPOOL _____ OTHER (EXPLAIN)</div></div>		
12. Are you currently in a carpool with USAID or any other government agency? <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span>_____ NO</span><span>_____ YES (IF YES, PRIMARY DRIVER'S NAME) _____</span></div>		
13. Which Metro station is nearest to your home?		

**EMPLOYEE CERTIFICATION**

**YES    NO**

\_\_\_\_\_ I certify that I am employed by the United States Agency for International Development, and am not named on a Federal-subsidized workplace parking permit with USAID or any other Federal Agency.

\_\_\_\_\_ I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work and will not transfer it to anyone else.

\_\_\_\_\_ I certify that my monthly transit benefit I am receiving does not exceed my monthly commuting costs.

\_\_\_\_\_ I certify that my actual monthly commuting cost are \$ \_\_\_\_\_

This certificate concerns a matter within the jurisdiction of an agency of the United States Government. Making a false, fictitious, fraudulent certification may subject you to prosecution under Title 18, United States Code, Section 1001; or Civil Penalty Action, providing for administrative recoveries of up to \$5,000 per violation; and/or agency disciplinary actions up to and including dismissal.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**14. AMS OFFICER SIGNATURE:**

PROGRAM MANAGER SIGNATURE, M/AS/CPD:

AMOUNT APPROVED \$ \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_